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Testimony of Child Advocate Sarah Healy Eagan before the
Appropriations Committee
March 18, 2022

Senator Osten, Representative Walker, Senator Miner, Representative France, and distinguished members of the Appropriations Committee, this testimony is submitted on behalf of the Office of the Child Advocate ("OCA"). The obligations of the OCA are to review, investigate, and make recommendations regarding how our publicly funded state and local systems meet the needs of vulnerable children.

H.B. No. 5433 (RAISED) AN ACT ESTABLISHING A COUNCIL ON MENTAL AND BEHAVIORAL HEALTH PROGRAM OVERSIGHT.

The OCA deeply appreciates the bipartisan commitment to transformation of our children's mental health delivery system. We are in a time of extended crisis, with almost incalculable impact for children and their families, and we must meet this moment with a rigorous assessment of our healthcare system's gaps and a comprehensive vision for change. OCA seeks to highlight a few key themes and questions demonstrating the need for more comprehensive oversight and coordination of the state's behavioral health system. There are multiple legislative proposals regarding children's behavioral health and including language for robust oversight and governance will help steer us towards effective and accountable investment. OCA is in regular conversation with legislators and state agency officials regarding this important need and we look forward to continuing to work with policymakers to further this work.

Coordination and Oversight Structure for Behavioral Health.

Right now, several state agencies play important roles in the children's behavioral health system (DPH, Insurance, DCF, Schools, Early Childhood,) and there are, without doubt, many areas of high quality and innovative initiatives and programming. However, we do not have a robust oversight and coordination infrastructure to bring information together across systems to inform us as to the efficacy and needs of our behavioral health system. OCA supports creation of a taskforce with

intergovernmental membership, a clear and robust mission, and staff to facilitate the necessary and articulated work of analyzing key aspects of our behavioral health care system.[1]

A few examples to highlight the need for robust, data-driven and accountable coordination and oversight.

1. ***Investment Structure/Payment Reform.*** OCA appreciates the attention by legislators to disparities in how children access services across payer systems. It will be essential for state agencies, including the Insurance Department, DSS, and Office of Health Strategies to analyze and address the inadequate reimbursement rates for key services and levels of care, including outpatient, intermediate, and inpatient services.[2] This work may need third party support, and should be done in a transparent and accountable manner.

2. ***Bolstering Existing Service Array***. OCA has recommended immediate funding for outpatient and intermediate levels of care (PRTF, PHP, IOP, [3] Out-patient clinics, intensive in-home supports, and case management/care coordination) to create more access for children and families while rate reform is in the works. Providers and families continue to report significant waitlists across the state and inpatient and outpatient levels of care. OCA learned just a few weeks ago that one major state provider of children's mental health services had a wait list of more than 60 children for its intensive in-home service.[4] However, there has not been publicly accessible data regarding wait lists and provider capacity at out- patient and intermediate levels of care to help inform legislative investments and state agency contracting. Nor is there a current analysis of the cost of delivering care and the implications for state agency contracting, investments in nonprofit providers, and establishment of Medicaid/insurance reimbursement rates.

3. ***Children with Developmental Disabilities***. Despite improvements in and funding for an array of evidence based services for children in Connecticut, these improvements have not reached some of our most vulnerable children: children with intellectual and developmental disabilities who remain chronically under-served at all levels of care, and who are still outright denied access to certain levels of care including at times, in-patient settings, sub-acute settings,[5]

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[1] https://leg.colorado.gov/committees/behavioral-health-task-force/2021-regular-session. In 2019, Colorado's governor created a Behavioral Health Taskforce recommendations to the General Assembly and the Governor on policies to create transformational change in the area of behavioral health. The mission of the task force was to **evaluate and set the roadmap to improve the current behavioral health system in the state**.

[2] https://healthpolicy.usc.edu/wp-content/uploads/2019/08/CT-Chartbook-v2-2018.pdf, *THE COST OF MENTAL ILLNESS: CONNECTICUT FACTS AND FIGURES*, USC Schaeffer Center for Health Policy & Economics (April 2018) (identifying reimbursement rates as a key barrier to mental health care).

[3] Psychiatric Residential Treatment Facilities, Partial Hospitalization Program, Intensive Outpatient Program.

[4] Data regarding children on discharge delay status from hospitals and Emergency Departments around the state underscores need for greater capacity in the continuum of community-based supports and services.

[5] There is currently no sub-acute (Psychiatric Residential Treatment Facility) that will take a child with I/DD. Many hospitals are also currently ill-equipped to provide in-patient psychiatric care for children with I/DD as well.

and certain in-home supports due to their diagnosis of either Autism or intellectual disability.[6] OCA persistently helps families in crisis whose children may be stuck in hospital Emergency Departments sometimes for days or even weeks at a time, or who are unsafe at home and school, because they cannot access the care they need. Despite persistent discussion of these concerns at various advisory tables over many years, the problem remains unresolved. OCA believes that this is a structural problem of design and accountability. An oversight and coordinating body would be able to use data to identify underserved populations in the children's behavioral health system and design strategic plans to address.

4. ***Workforce Development.*** OCA appreciates the emphasis on workforce development initiatives in the legislature's children's mental health bills, essential to support mental health service delivery to children and families. An oversight and coordinating body should help guide and ensure implementation of a statewide strategic plan for supporting an adequate behavioral health workforce

5. ***Justice Involved, At-Risk Children.*** As many have noted, the children's behavioral health crisis affects all children, including children who are justice involved or at risk of justice involvement. These are children who need wrap around support, mentors, positive community opportunities, trauma-informed care and treatment. Like children with I/DD, a coordinating and oversight body can identify underserved populations like justice-involved children, analyze service array gaps that meet the needs of these children and families, and make data-driven recommendations for investment and quality improvements.

6. ***School Mental Health.*** OCA supports the various initiatives in the children's mental health bills to support school-based mental health initiatives. An oversight and coordinating body could be well positioned to ensure that analysis of school-based mental health initiatives and services are integrated into statewide data on utilization and outcomes, so as to inform overall initiatives and investments.

OCA is available to assist legislators in anyway with the development of an effective oversight structure for the behavioral health system.

Sincerely,

Sarah Healy Eagan, JD
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[6] Previous reports to the MAPOC by experts and a subgroup on children with developmental disabilities establish this disturbing long-term trend. Recommendations from the subgroup in 2018 included: DSS, DDS, DPH and DCF should coordinate to remedy the current lack of access to critically needed mental health services that will serve children with developmental disabilities/intellectual disabilities. https://www.cga.ct.gov/ph/bhpoc/related/20180101_2018/20180411/OCA%20Report%20on%20DD%20Work%20Group%20-%20CHDI%20%20Work%20Group%20Presentation.pdf